

APPLICATION DATA SHEET

Application Information

Application Number:: Not yet assigned
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: No
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?:: No
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title:: SUPERVISED LEARNING IN THE PRESENCE
OF NULL DATA
Attorney Docket Number:: IBX-006
Request for Early Publication?::
Request for Non-Publication?::
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: NO
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Wai
Middle Name:: T.
Family Name:: Chan
Name Suffix::

City of Residence:: Newburyport
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 39 Hardy Street
City of Mailing Address:: Newburyport
State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01950

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Edward
Middle Name:: A.
Family Name:: Reitman
Name Suffix::
City of Residence:: Nashua
State or Province of Residence:: NH
Country of Residence:: US
Street of Mailing Address:: 8 Crawford Lane
City of Mailing Address:: Nashua
State or Province of Mailing Address:: NH
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 03063

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional	60/405,172	08/22/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

Assignee Information

Assignee Name:: Ibex Process Technology, Inc.
City of Mailing Address:: Lowell
State or Province of Mailing Address:: Massachusetss
Country of Mailing Address:: US